

# State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

<b>4</b>		<b>Total Number of Vehicles</b>		Local No./District <b>029</b>															Agency Case No. <b>A9-108633</b>															HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO										<b>L</b>	
<b>A1</b>		<b>DATE OF ACCIDENT</b>		M M / D D / Y Y Y Y Y <b>1 1 / 0 1 / 2 0 0 9</b> <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> H <input type="checkbox"/> F <input type="checkbox"/> S (In Military Time)															TIME OF ACCIDENT <b>0 2 2 0</b>															STATE USE ONLY											
<b>A2</b>		<b>PLACE OF ACCIDENT</b>		COUNTY <b>L a n c a s t e r</b>															POLICE NOTIFIED <b>0 2 2 1</b>															LATITUDE											
<b>B</b>		<b>36</b>		CITY <b>L i n c o l n</b>															PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO															LONGITUDE											
<b>C</b>		<b>5</b>		ROAD ON WHICH ACCIDENT OCCURRED <b>U / 30<sup>th</sup> - 31<sup>st</sup></b>															STREET/HIGHWAY NO. <b>U / 30<sup>th</sup> - 31<sup>st</sup></b>															ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO											
<b>D</b>		<b>1</b>		IF AT INTERSECTION															IF NOT AT INTERSECTION															SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input checked="" type="radio"/> NO											
				NAME OF INTERSECTING ROADWAY															OF NEAREST STREET, BRIDGE, RAILROAD CROSSING																										
<b>V1/M</b>		<b>10</b>		IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN																																									
<b>V2/M</b>				MILES															OF NEAREST CITY OR TOWN																										
<b>E</b>		<b>1</b>		R. WORK ZONE CODES <b>1</b>															S. PEDESTRIAN CLASSIFICATION CODES															CONTINUATION FORMS ATTACHED (Fill in all that apply) <input type="radio"/> TRUCK & BUS <input checked="" type="radio"/> CONTINUATION											
				VEHICLE NO. 1																																									
<b>F</b>		<b>1</b>		DRIVER LICENSE NO. <b>9 8 3 7 0 4 5</b>															STATE (Of License) <b>OR</b>															SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE											
<b>V1/N</b>		<b>1</b>		DRIVER <b>Ndamukong Ngwa Lennon Suh</b>															PHONE <b>(503) 756-9556</b>															LOCAL NO.											
<b>V2/N</b>		<b>1</b>		DRIVER ADDRESS <b>1001 'O' st #304 Lincoln, NE 68508</b>															CITY, STATE, ZIP <b>Lincoln, NE 68508</b>															DATE OF BIRTH (MM/DD/YYYY) <b>01/06/1987</b>											
<b>G</b>		<b>2</b>		OWNER <b>Bernadette L Suh</b>															PHONE <b>(503) 281-0385</b>															LOCAL NO.											
				OWNER ADDRESS <b>2602 NE 13th Ave Portland, OR 97212</b>															CITY, STATE, ZIP <b>Portland, OR 97212</b>															CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO										CITATION NO. <b>LB182112</b>	
<b>H</b>		<b>5</b>		LICENSE PLATE NO. <b>9 2 6 D A H</b>															YEAR (Plate Expires) <b>2 0 1 1</b>															STATE (Of Plate) <b>OR</b>											
<b>V1/O</b>		<b>3</b>		VEHICLE <b>2003 Landrover DIS SUV</b>															COLOR <b>DRK GRN</b>															ESTIMATED DAMAGE <b>\$ 10,000</b>											
<b>V2/O</b>		<b>3</b>		VEHICLE ID NO. (V/M) <b>S A L T Y 1 6 4 7 3 A 7 8 3 8 7 8</b>															INSURANCE COMPANY <b>Allstate</b>															POLICY NO. <b>907891738</b>											
				TOWED TO <b>Husker Auto Group</b>															TOWED BY <b>Capital Towing</b>															VEHICLE NO. 2											
<b>I</b>		<b>1</b>		DRIVER LICENSE NO.															STATE (Of License)															SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE											
<b>V1/P</b>		<b>01</b>		DRIVER															PHONE															LOCAL NO.											
<b>V2/P</b>				DRIVER ADDRESS															CITY, STATE, ZIP															DATE OF BIRTH (MM/DD/YYYY)											
<b>J</b>				OWNER <b>Jessica B Elwell</b>															PHONE <b>(515) 669-8244</b>															LOCAL NO.											
				OWNER ADDRESS <b>8914 Valdez DR Urbandale, IA 50322</b>															CITY, STATE, ZIP <b>Urbandale, IA 50322</b>															CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO										CITATION NO.	
<b>V1/O</b>		<b>1</b>		LICENSE PLATE NO. <b>2 9 9 W I B</b>															YEAR (Plate Expires) <b>2 0 1 0</b>															STATE (Of Plate) <b>IA</b>											
<b>V2/O</b>		<b>3</b>		VEHICLE <b>2005 Chevy Cavalier 4DR</b>															COLOR <b>RED</b>															ESTIMATED DAMAGE <b>\$ 8000</b>											
				VEHICLE ID NO. (V/M) <b>1 G 1 J C 5 2 F 5 5 7 1 9 2 1 3 1</b>															INSURANCE COMPANY <b>Farmers</b>															POLICY NO. <b>11 17508-53-17</b>											
<b>K</b>		<b>01</b>		TOWED TO															TOWED BY															VEHICLE NO. 3											

Complete this section for all injured persons (Complete a continuation report, if more than three were injured)										DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 Seat Position Eject Body Region Injury Sev. Trans.					SEX M F	
VEH. # NAME ADDRESS										/ /								
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME												EMS RUN REPORT NO.						
VEH. # NAME ADDRESS										/ /								
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME												EMS RUN REPORT NO.						
VEH. # NAME ADDRESS										/ /								
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME												EMS RUN REPORT NO.						

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.

A9-108633



Indicate North by Arrow

Investigation made at scene?

YES  
NO

SEE Continuation Report

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver1 was West bound on 'U' St from 31<sup>st</sup> to 30<sup>th</sup> at an estimated speed of 25-30mph. Driver1 said he saw a small dog or cat and attempted to take evasive maneuvers to avoid it. Driver1 struck vehicle 2, glanced off, and struck vehicle 3 and vehicle 4. Vehicle 2 was legally parked facing West bound against the North curb of 'U' St, 31<sup>st</sup>-30<sup>th</sup> St. Vehicle 3 was legally parked facing East bound against the South curb of 'U' St, 30<sup>th</sup>-31<sup>st</sup> St. Vehicle 4 was legally parked behind Vehicle 3, facing East bound on 'U' St. All vehicles involved sustained extensive damage.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED				RESTRAINT USE				TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1		VEH 2			
1				X	U St	POINT OF IMPACT	0 2	POINT OF IMPACT	0 6	1 Deployed - front	1 None used - vehicle occupant	1	1	1	1	1	1		
2				X	U St	MOST DAMAGED AREA	0 1	MOST DAMAGED AREA	0 6	2 Deployed - side	2 Lap & shoulder belt used	2	2	2	2	2	2		
1	0	1			06 Turning left					3 Deployed - both front/side	3 Shoulder belt only used								
2	1	0			08 Entering traffic lane					4 Not deployed	4 Lap belt only used								
					01 Essentially straight ahead	00 None	02	03	04	5 Not applicable/ No airbag available	5 Child safety seat used								
					02 Backing	09 Top & windows				6 Unknown	6 Child booster seat used								
					03 Changing lanes	10 Undercarriage					7 Helmet used								
					04 Overtaking/ Passing	11 Total (all areas)					8 Restraint use unknown								
					05 Turning right	12 Other													
					13 Unknown														

ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
ALCOHOL LEVEL TESTED	Y	Y	Y
BAC LEVEL	.035		
ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2	
	2		
1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown			

OFFICER NO.	TROOP/ TEAM/ BEAT	DEPARTMENT	Photographs taken?
1611	7B	Lincoln Police Dept.	YES NO
INVESTIGATOR NAME (Print or Type)		INVESTIGATOR SIGNATURE	
C Howard #1611		C Howard #1611	
DATE OF REPORT		11/01/2009	

NOV 02 2009

11/AD

State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report sheet 2 of 2Local No /  
District

029

Agency  
Case  
No

A9-108633

STATE USE ONLY

Vehicle  
Codes  
from  
Overlay  
#2

DATE OF ACCIDENT (MM / DD / YYYY)

11012009

PLACE  
OF  
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence  
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO.

U / 30th - 31st

VEH. #

VEHICLE NO.

VEH. #

3

DRIVER  
LICENSE

NO.

STATE  
(Of License)

SEX

☐ FEMALE  
☐ MALE

3

M

DRIVER

PHONE

LOCAL NO.

N

DRIVER ADDRESS

CITY, STATE, ZIP

DATE OF  
BIRTH

(MM / DD / YYYY)

LOCAL NO.

18

O

OWNER

PHONE

LOCAL NO.

4

OWNER ADDRESS

CITY, STATE, ZIP

CITATION

☐ YES  
☐ PENDING ☒ NO

CITATION NO.

P

LICENSE  
PLATE

NO.

OX T 6 2 8

YEAR  
(Plate Expires)

2010

STATE  
(Of Plate)

NE

O

VEHICLE

YEAR

1992

MAKE

Chrysler

MODEL

Lebaron

BODY STYLE

Convertible

COLOR

Whi

ESTIMATED DAMAGE

☐ TOTALLED \$

18

3

VEHICLE ID  
NO. (VIN)

1 C 3 X U 4 5 3 4 N E 1 5 7 8 4 4

INSURANCE COMPANY

Allstate

TOWED TO

TOWED BY

POLICY NO.

91054444910-17

25

VEH. #

VEHICLE NO.

VEH. #

4

DRIVER  
LICENSE

NO.

STATE  
(Of License)

SEX

☐ FEMALE  
☐ MALE

4

M

DRIVER

PHONE

LOCAL NO.

N

DRIVER ADDRESS

CITY, STATE, ZIP

DATE OF  
BIRTH

(MM / DD / YYYY)

LOCAL NO.

18

O

OWNER

PHONE

LOCAL NO.

3

OWNER ADDRESS

CITY, STATE, ZIP

CITATION

☐ YES  
☐ PENDING ☒ NO

CITATION NO.

P

LICENSE  
PLATE

NO.

D Q B 8 0 4

YEAR  
(Plate Expires)

2010

STATE  
(Of Plate)

NE

O

VEHICLE

YEAR

2002

MAKE

Honda

MODEL

Accord

BODY STYLE

4DR

COLOR

Blu

ESTIMATED DAMAGE

☐ TOTALLED \$8000

18

3

VEHICLE ID  
NO. (VIN)

3 H G C 9 5 6 4 6 2 G 7 0 1 0 5 8

INSURANCE COMPANY

State farm

TOWED TO

TOWED BY

POLICY NO.

0199451272

25

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED				RESTRAINT USE				TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)				VEHICLE 3				VEHICLE 4				VEH 3040			
3			X		U st	VEHICLE 3				VEHICLE 4				VEH 3040							
4			X		U st	VEHICLE 3				VEHICLE 4				VEH 3040							
3	1	0			06 Turning left	VEHICLE 3				VEHICLE 4				VEH 3040							
4	1	0			07 Making U-turn	VEHICLE 3				VEHICLE 4				VEH 3040							
					08 Entering traffic lane	VEHICLE 3				VEHICLE 4				VEH 3040							
					09 Leaving traffic lane	VEHICLE 3				VEHICLE 4				VEH 3040							
					10 Parked	VEHICLE 3				VEHICLE 4				VEH 3040							
					11 Slowing or stopped in traffic	VEHICLE 3				VEHICLE 4				VEH 3040							
					12 Other	VEHICLE 3				VEHICLE 4				VEH 3040							
					13 Unknown	VEHICLE 3				VEHICLE 4				VEH 3040							

01 Essentially straight ahead

02 Backing

03 Changing lanes

04 Overtaking/Passing

05 Turning right

06 Turning left

07 Making U-turn

08 Entering traffic lane

09 Leaving traffic lane

10 Parked

11 Slowing or stopped in traffic

12 Other

13 Unknown

00 None

01 Top & windows

02 Undercarriage

03 Total (all areas)

04 Other

01

02

03

04

05

06

07

08

1 Deployed - front

2 Deployed - side

3 Deployed - both front/side

4 Not deployed

5 Not applicable/No airbag available

6 Unknown

1 None used - vehicle occupant

2 Lap & shoulder belt used

3 Shoulder belt only used

4 Lap belt only used

5 Child safety seat used

6 Child booster seat used

7 DOT approved helmet used

8 Costume helmet used

9 Restraint use unknown

1 Neither alcohol nor drugs suspected

2 Yes - alcohol suspected

3 Yes - drugs suspected

4 Yes - alcohol & drugs suspected

5 Unknown

Complete this section for all injured persons

DATE OF BIRTH  
(MM / DD / YYYY)1 2 3 4 5 SEX  
Seat Eject Body Injury Trans. M F

VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate  
North  
by Arrow

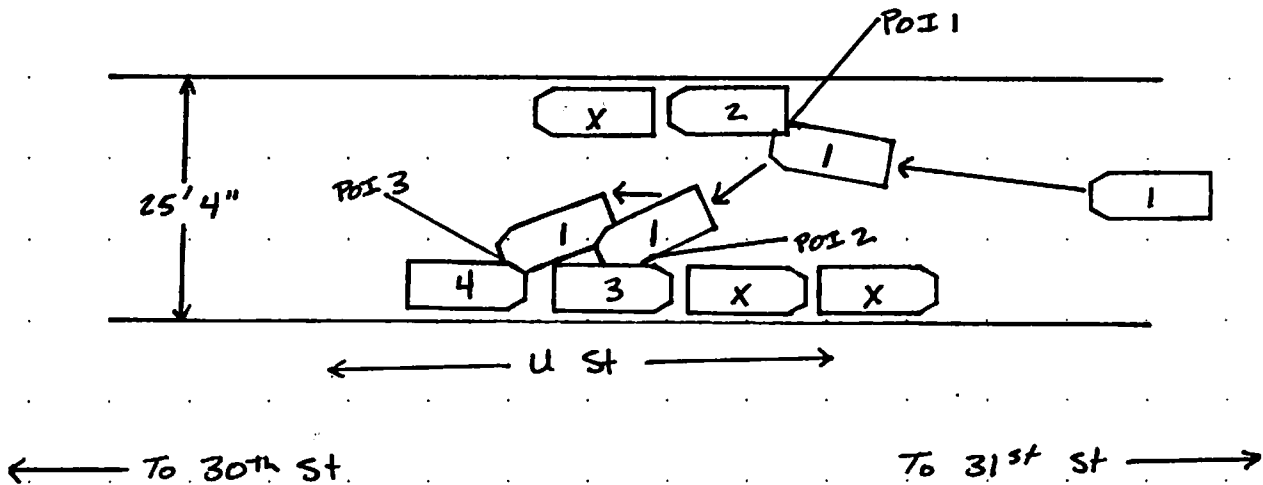
AGENCY CASE NO.

A9-108633

POI 1: 191' 3" East of the West Curb of N 30th St  
18' 5" North of the South Curb of 'U' St

POI 2: 167' 3" East of the West curb of N 30th St  
6' 2" North of the South curb of 'U' St

POI 3: 133' 6" East of the West curb of N 30th St  
6' 8" North of the South curb of 'U' St



X = Veh not involved

Estimate  
Not Drawn to Scale  
Measurements by 1611

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE ( ) -	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE ( ) -	APPROX. COST OF DAMAGE \$
OFFICER NO 1611		TROOP/ TEAM/ BEAT 7B	DEPARTMENT Lincoln Police Dept.		
INVESTIGATOR NAME (Print or Type) C. Howard #1611			INVESTIGATOR SIGNATURE <i>C. Howard #1611</i>		DATE OF REPORT 11/01/2009

NOV 02 2009